



**Montana Fish,
Wildlife & Parks**
fwp.mt.gov

Resident Lifetime Fishing License for the Blind Application \$10.00

All information is mandatory

Date of Birth ____/____/____ MM DD YYYY					
Name First MI Last			Jr. Sr.	Home Phone () -	Work Phone () -
Mailing Address (Your application cannot be processed if you list only a PO Box Number)				Physical Address	
City			State	Zip Code	<input type="checkbox"/> Yes FWP receives requests for mailing lists. Do you want your <input type="checkbox"/> No name included on lists provided by FWP to requestors? (see below)
<input type="checkbox"/> Female <input type="checkbox"/> Male	Weight	Height	Hair	Eyes	Occupation

A Photocopy of your valid Montana Identification Card must be attached.

☐ Yes, I have attached the mandatory photocopy of my Montana Identification Card.

I hereby declare that I have been a legal resident of the State of Montana for a period of at least 180 consecutive days (six months) immediately prior to making application for this license.

_____ **Years** _____ **Months of Montana residency (This information is REQUIRED.)**

I hereby declare that all statements on this form are true and correct. I have not made more than one application per license. I understand that if I subscribe to any false statement in this application that I am subject to criminal prosecution. MCA 87-2-102 and 104.

X _____
SIGNATURE OF APPLICANT—Original Signature Required—Do Not Print
(Faxed or photocopied signature not acceptable.)

_____ Date

Section 2 — This section must be completed by a licensed physician (Ophthalmologist or Optometrist)

I hereby certify that the above-named person is blind as defined by state law, Section 53-7-301, which reads:

(a) "Blind individual" means a visual disability in which:

(i) a person's central visual acuity does not exceed 20/200 in the better eye with correcting lenses; or

(ii) a person's visual field at the widest diameter subtends an angle no greater than 20 degrees.

(b) the term includes any visual disability that, in the determination of Dept. of Public Health & Human Services, renders vision seriously defective or causes blindness.

I have read and understand the eligibility criteria listed above. Based on this criteria, I certify the applicant listed is eligible for a **Resident Lifetime Fishing License for the Blind**. MCA 87-2-803 (6)

Physician's Signature

PRINT — Physician's Name

Physician's License #

PRINT — Physician's Address

Mailing Lists - Montana Fish, Wildlife & Parks receives requests for mailing lists. **Please note, even if you chose no, under state law the department is required to allow individuals who wish to compile their own mailing list access to department records including your name, address, gender, residency status, license type, district applied for and whether you were successful.

Return completed application to:
Montana Fish, Wildlife & Parks
ATTN: Information Center
1420 East 6th Avenue
PO Box 200701
Helena, MT 59620-0701

Enclosed is my \$10.00 payment in the form of a:

Personal Check – Cashier's Check – Money Order

Please make payable to MT FWP

Number _____ Amount \$ _____